

AMENDED IN SENATE APRIL 20, 2005

AMENDED IN SENATE APRIL 7, 2005

**SENATE BILL**

**No. 739**

**Introduced by Senator Speier**

February 22, 2005

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An act to add ~~Section 1279.1 to, and to add Part 1.5 (commencing with Section 435) to Division 1 of Sections 1279.1, 128752, and 128753 to~~, the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 739, as amended, Speier. Hospitals: infection control.

Existing law provides for the licensure and regulation by the State Department of Health Services of health facilities, including general acute care hospitals. A violation of these provisions by a health facility is a crime. Existing law requires health facilities to file reports containing health facility data with the Office of Statewide Health Planning and Development.

This bill would require a general acute care hospital to have a written infection control program for the surveillance, prevention, and control of infections. The bill would require the department to evaluate the program and would authorize the department to require the hospital to submit a plan of correction. *Because the bill would add to the requirements of a health facility, and a violation of those requirements would be a crime, the bill would impose a state-mandated local program.*

This bill would require a general acute care hospital to collect and maintain data on selected hospital-acquired infections. ~~It~~ *The bill* would require the establishment of a multidisciplinary advisory panel *by the office* to monitor the statewide planning and oversight of hospital collection and risk-adjustment of hospital-acquired infection

data. *By increasing the duties of local health officials with respect to service on the advisory panel, the bill would impose a state-mandated local program.* ~~This~~

~~This bill would require the State Department of Health Services office, by January 1, 2007, to establish data collection and reporting methods and timelines, as well as other related operating procedures, based upon the recommendations of the advisory panel. The bill would declare legislative intent that certain data be made available to the public regarding hospital-acquired infections, and would limit the scope of the data to be collected prior to January 1, 2008. The bill would require the data collection to be subject to the oversight of the multidisciplinary advisory panel.~~

~~Because the bill would add to the requirements of a health facility, and a violation of those requirements would be a crime, the bill would impose a state-mandated local program. In addition, by increasing the duties of local health officials with respect to service on the advisory panel, the bill would impose a state-mandated local program.~~

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1     ~~SECTION 1. Part 1.5 (commencing with Section 435) is~~  
2     ~~added to Division 1 of the Health and Safety Code, to read:~~

3  
4     ~~PART 1.5. HOSPITAL-ACQUIRED INFECTION DATA~~

5  
6     ~~435. (a) As used in this chapter, "hospital-acquired infection"~~  
7     ~~means an infection meeting the current statistical epidemiologic~~  
8     ~~definition of a nosocomial infection, as standardized by the~~

1 National Healthcare Safety Network of the federal Centers for  
2 Disease Control and Prevention (CDC), and acquired by a patient  
3 during hospital care, which was not detected as present or  
4 incubating at admission.

5 (b) (1) It is the intent of the Legislature that data be made  
6 public regarding hospital-acquired infections in order to improve  
7 the quality of care in hospitals. It is further the intent of the  
8 Legislature that the data collected prior to January 1, 2008, be  
9 limited to the following:

10 (A) Surgical site infections following surgical procedures  
11 involving a high risk for mortality or serious morbidity, or  
12 procedures involving a high volume of patients, such as coronary  
13 artery bypass graft surgery, total hip replacement, laminectomies,  
14 or laparoscopic appendectomies. The department, in consultation  
15 with the advisory panel established pursuant to Section 435.5,  
16 shall determine two of these surgical procedures for which  
17 hospital-acquired risk-adjusted infection data shall be reported.

18 (B) Central-line associated blood stream infections in  
19 intensive care units.

20 (2) Commencing January 1, 2008, the State Department of  
21 Health Services, in consultation with the advisory panel  
22 established pursuant to Section 435.5, shall consider the addition  
23 of ventilator-associated pneumonia as well as any other types of  
24 infections or hospital units as the office may determine pursuant  
25 to this section.

26 (c) Collection of data required by this section shall be subject  
27 to oversight by the advisory panel established pursuant to Section  
28 435.5.

29 (d) The department shall adopt regulations to implement this  
30 section.

31 435.5. (a) A general acute care hospital shall collect and  
32 maintain data on selected hospital-acquired infections. The  
33 hospital shall analyze and use that data to improve quality of  
34 care. The data shall be subject to inspection by the department.

35 (b) The data shall be risk-adjusted using methods and  
36 definitions standardized by the National Healthcare Safety  
37 Network of the federal Centers for Disease Control and  
38 Prevention (CDC).

39 (c) Each hospital shall document comparison of its rates with  
40 the rates published by the State Department of Health Services at

1 the next regularly scheduled meeting of its infection control  
2 committee, within 180 days of the publication and release of the  
3 report by the department.

4 (d) Each hospital shall implement all applicable Category IA  
5 recommendations from current CDC guidelines no later than one  
6 year following their publication. The hospital shall maintain for  
7 inspection by the department a record of evidence-based steps  
8 adopted to reduce hospital-acquired infections and annual  
9 summary data on the infection rates.

10 (e) (1) A multidisciplinary advisory panel shall be established  
11 to monitor the statewide planning and oversight of hospital  
12 collection and risk-adjustment of hospital-acquired infection  
13 data.

14 (2) The panel shall include persons with expertise in the  
15 surveillance, prevention, and control of health care-associated  
16 infections, including the department and local health department  
17 officials, health care infection control professionals, health care  
18 providers, and consumers.

19 (f) The following process measures shall be initially reported  
20 by hospitals to the department:

21 (1) Surgical antimicrobial prophylaxis for selected surgical  
22 procedures.

23 (2) Influenza vaccination coverage rates for health care  
24 personnel in all hospitals.

25 (g) On or before January 1, 2007, the department shall  
26 establish all of the following, based upon the recommendations  
27 of the advisory panel:

28 (1) The method for collecting data by a hospital.

29 (2) The method for reporting data to the department.

30 (3) The timeline for collecting and reporting data.

31 (4) The method for validating data reported by a hospital to  
32 the department.

33 (5) The method for risk adjustment of infection rates.

34 (6) The nature and timing of reports by the department to  
35 hospitals and to the public.

36 (7) The resources and infrastructure needed for a reporting  
37 system, including a proposal to increase the minimum ratio of  
38 infection control professionals required by Title 22 of the  
39 California Code of Regulations to 1/100 beds.

1     ~~SEC. 2.~~

2     ~~SECTION 1.~~ Section 1279.1 is added to the Health and Safety  
3 Code, to read:

4     1279.1. (a) A general acute care hospital shall adopt and  
5 implement a written infection control program for the  
6 surveillance, prevention, and control of infections.

7     (b) *Each hospital shall implement all applicable Category IA*  
8 *recommendations from current Centers for Disease Control and*  
9 *Prevention guidelines no later than one year following their*  
10 *publication. The hospital shall maintain for inspection by the*  
11 *department a record of evidence-based steps adopted to reduce*  
12 *hospital-acquired infections and annual summary data on the*  
13 *infections rates.*

14     (c) In conducting inspections pursuant to Section 1279, the  
15 department shall evaluate the hospital's infection control  
16 program. If, during the inspection, the department determines  
17 that the health or safety of patients is at risk due to a deficient  
18 infection control program, the department may require that the  
19 hospital submit a plan of correction. A hospital may voluntarily  
20 provide the department with information regarding its efforts to  
21 minimize hospital-acquired infections, and the department shall  
22 consider that information in determining whether to take further  
23 action.

24     ~~(e)~~

25     (d) The infection control program shall be updated annually,  
26 or more often, as needed.

27     ~~(d) The annual licensure fee imposed on a general acute care~~  
28 ~~hospital by Section 1266 may be increased to fund the direct~~  
29 ~~costs associated with the department's oversight of the hospital's~~  
30 ~~data collection and reporting procedures.~~

31     (e) A hospital subject to this section shall maintain for  
32 inspection by the department a record of its activities and  
33 programs to reduce hospital-acquired infections, as defined in  
34 subdivision (a) of Section ~~435~~ 128752.

35     ~~SEC. 2.~~ Section 128752 is added to the Health and Safety  
36 Code, to read:

37     128752. (a) *As used in this chapter, "hospital-acquired*  
38 *infection" means an infection meeting the current statistical*  
39 *epidemiologic definition of a nosocomial infection, as*  
40 *standardized by the National Healthcare Safety Network of the*

1 *Centers for Disease Control and Prevention (CDC), and*  
2 *acquired by a patient during hospital care, which was not*  
3 *detected as present or incubating at admission.*

4 *(b) (1) It is the intent of the Legislature that data be made*  
5 *public regarding hospital-acquired infections in order to improve*  
6 *the quality of care in hospitals. It is further the intent of the*  
7 *Legislature that the data collected prior to January 1, 2008, be*  
8 *limited to the following:*

9 *(A) Surgical site infections following surgical procedures*  
10 *involving a high risk for mortality or serious morbidity, or*  
11 *procedures involving a high volume of patients, such as coronary*  
12 *artery bypass graft surgery, total hip replacement,*  
13 *laminectomies, or laparoscopic appendectomies. The office, in*  
14 *consultation with the advisory panel established pursuant to*  
15 *Section 128753, shall determine two of these surgical procedures*  
16 *for which hospital-acquired risk-adjusted infection data shall be*  
17 *reported.*

18 *(B) Central-line associated blood stream infections in*  
19 *intensive care units.*

20 *(2) Commencing January 1, 2008, the office, in consultation*  
21 *with the advisory panel established pursuant to Section 128753,*  
22 *shall consider the addition of ventilator-associated pneumonia as*  
23 *well as any other types of infections or hospital units as the office*  
24 *may determine pursuant to this section.*

25 *(c) Collection of data required by this section shall be subject*  
26 *to oversight by the advisory panel established pursuant to*  
27 *Section 128753.*

28 *(d) The office shall adopt regulations to implement this*  
29 *section.*

30 *(e) This section shall become inoperative five years after*  
31 *commencing the collection and reporting of data by hospitals*  
32 *under subdivision (f) of Section 128753.*

33 *SEC. 3. Section 128753 is added to the Health and Safety*  
34 *Code, to read:*

35 *128753. (a) A general acute care hospital shall collect and*  
36 *maintain data on selected hospital acquired infections. The*  
37 *hospital shall analyze and use that data to improve quality of*  
38 *care. The data shall be subject to inspection by the office.*

39 *(b) The data shall be risk adjusted using methods and*  
40 *definitions standardized by the National Healthcare Safety*

1 *Network of the federal Centers for Disease Control and*  
2 *Prevention (CDC).*

3 *(c) Each hospital shall document comparison of its rates with*  
4 *the rates published by the office at the next regularly scheduled*  
5 *meeting of its infection control committee, within 180 days of the*  
6 *publication and release of the report by the department.*

7 *(d) (1) A multidisciplinary advisory panel shall be established*  
8 *by the office to monitor the statewide planning and oversight of*  
9 *hospital collection and risk adjustment of hospital acquired*  
10 *infection data.*

11 *(2) The panel shall include persons with expertise in the*  
12 *surveillance, prevention, and control of health care associated*  
13 *infections, including the department, the office, and local health*  
14 *department officials, health care infection control professionals,*  
15 *health care providers, and consumers.*

16 *(e) The following process measures shall be initially reported*  
17 *by hospitals to the office:*

18 *(1) Surgical antimicrobial prophylaxis for selected surgical*  
19 *procedures.*

20 *(2) Influenza vaccination coverage rates for health care*  
21 *personnel in all hospitals.*

22 *(f) On or before January 1, 2007, the office shall establish all*  
23 *of the following, based upon the recommendations of the*  
24 *advisory panel:*

25 *(1) The method for collecting data by a hospital.*

26 *(2) The method for reporting data to the office.*

27 *(3) The timeline for individual hospitals to collect and publicly*  
28 *report data.*

29 *(4) The method for validating data reported by a hospital to*  
30 *the office.*

31 *(5) The method for risk adjustment of infection rates.*

32 *(6) The nature and timing of reports by the office to hospitals*  
33 *and to the public.*

34 *(7) The resources and infrastructure needed for a reporting*  
35 *system, including a proposal to increase the minimum ratio of*  
36 *infection control professionals required by Title 22 of the*  
37 *California Code of Regulations to 1/100 beds.*

38 *(g) This section shall become inoperative five years after*  
39 *commencing the collection and reporting of data by hospitals*  
40 *under subdivision (f).*

1     ~~SEC. 3.~~

2     *SEC. 4.* No reimbursement is required by this act pursuant to  
3     Section 6 of Article XIII B of the California Constitution for  
4     certain costs that may be incurred by a local agency or school  
5     district because, in that regard, this act creates a new crime or  
6     infraction, eliminates a crime or infraction, or changes the  
7     penalty for a crime or infraction, within the meaning of Section  
8     17556 of the Government Code, or changes the definition of a  
9     crime within the meaning of Section 6 of Article XIII B of the  
10    California Constitution.

11    However, if the Commission on State Mandates determines  
12    that this act contains other costs mandated by the state,  
13    reimbursement to local agencies and school districts for those  
14    costs shall be made pursuant to Part 7 (commencing with Section  
15    17500) of Division 4 of Title 2 of the Government Code.